



YEDA Coach Registration Form 2017-2018

All completed applications will be processed in the order in which they are received.

Please allow fifteen businesses days for processing.

Payment of \$50 fee and proof of insurance must be accompanied with this form

Name:	_____
Team Name	_____
Coach Address:	_____ _____
Phone Number:	Email:
Emergency Contact	_____

Please Mark all professional affiliations

- USEF USHJA USPC AQHA APHA
 CHA 4H PtHA Other _____

Is your team accepting new members? YES NO

Are you interested in our referral program? YES NO

Liability Insurance Information

In order to qualify as a YEDA Coach, you must attach to this application a valid Certificate of Insurance, or other adequate proof of insurance.

Proof of Insurance must include:

- Coach Name
- Minimum Liability Coverage of \$500,000 per tentendent.
- Specific Language stating coverage includes:
 - "Professional Liability Coverage
- OR -
 - "Riding Instruction both on and off premises, both on owned and non-owned horses"

Signature _____ **Date** _____

Make Checks out to: YEDA
Mail Form to:
 Debbie Arnold
 2415 State Route 603
 Ashland, OH 44805

For Questions Contact Debbie Arnold (CFO)
Phone: 419 – 566 – 6589
Email: DArnold@showyeda.com